



## MEDICAL PAROLE

### COURT APPROVAL/DENIAL FORM

Name of proposed applicant for medical parole: \_\_\_\_\_.

Dear Judge:

The above-listed person would like to apply for a medical parole.

You included a parole restriction on the above-listed potential applicant's sentence (Cause # \_\_\_\_\_).

According to Mont Code Ann. § 46-23-210 the offender is not eligible for medical parole unless he/she has the "approval of the sentencing judge."

Please consider whether you will approve this offender to apply for medical parole and indicate your decision on this form.

Please return this completed signed and dated form to:

For Male Offenders

For Female Offenders

IPPO Office  
Montana State Prison  
700 Conley Lake Rd.  
Deer Lodge, MT 59722

IPPO Office  
Montana Women's Prison  
701 South 27<sup>th</sup> Street  
Billings, MT 59101

I hereby **Approve** **Deny** (circle one) \_\_\_\_\_ for medical parole consideration.

DATED this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
JUDGE of the District Court